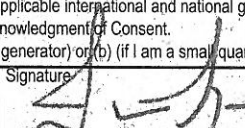
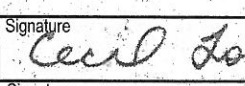
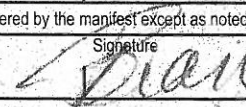


UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846		2. Page 1 of 1		3. Emergency Response Phone (800) 483-3718		4. Manifest Tracking Number 008135191 FLE				
		5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2649 North New York Street Wichita, KS 67219 Generator's Phone: (316) 269-7400		Generator's Site Address (if different than mailing address) SAME								
6. Transporter 1 Company Name US Bulk		U.S. EPA ID Number										
7. Transporter 2 Company Name		U.S. EPA ID Number										
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wynoka, OK 73080 Facility's Phone: (580) 697-3500		U.S. EPA ID Number OKD065438376										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
						No. Type						
	X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III								F001	F002	F003
		2.								F004	F005	
		3.										
	4.											
14. Special Handling Instructions and Additional Information 1. CHG 1502X08 ERG#171 TRK 386-1 TRL 386-2												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Officer's Printed/Typed Name John H. H. H.						Signature <i>[Signature]</i>		Month 11		Day 14		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Cecil Long Signature <i>[Signature]</i> Month 12 Day 3 Year 14 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____											
DESIGNATED FACILITY	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____											
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1. H132			2. _____			3. _____			4. _____			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name _____						Signature _____		Month _____		Day _____ Year _____		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 463-3718	4. Manifest Tracking Number 008135191 FLE		
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219				Generator's Site Address (if different than mailing address) SAME			
Generator's Phone: (316) 269-7400							
6. Transporter 1 Company Name LIS BULK				U.S. EPA ID Number PA0983347515			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wavoka, OK 73860				U.S. EPA ID Number OKD065438376			
Facility's Phone: (800) 697-3500							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	OT	5T	11	F001 F002 F003
		2.					F004 F005
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. CM831502X0B ERG#171 TR# 386-1 TC# 386-2							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Jim Tyson				Signature 		Month Day Year 12 3 14	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Cecil Long				Signature 		Month Day Year 12 3 14
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H132		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name David Hart				Signature 		Month Day Year 12 3 14	